



# RECOMMENDATION OF COUNTY OFFICE - Assistance to Residents in County Homes / Room and Board Assistance

State Form 18438 (R2 / 7-97) / BAIS 0052

Approved by State Board of Accounts, 1982

**CONFIDENTIAL** per IC 12-10-6

\*Request for Social Security number is **mandatory** per IC 4-1-8-1; 12-10-6

*INSTRUCTIONS for County Office of Family and Children: Complete three (3) copies. Send the original and one (1) copy to the FSSA Claims Department for receipt by the twentieth (20th) of the month. Retain one (1) copy for County records.*

County	Code number	County record number	Program <input type="checkbox"/> ARCH <input type="checkbox"/> RBA
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LINE	(1) CASE NUMBER *SOCIAL SECURITY NO.	(2) NAME OF APPLICANT OR RECIPIENT (Name and mailing address of legal guardian, if applicable)	(3) NAME AND ADDRESS OF FACILITY	(4)					(5) EFFECTIVE DATE	(6) AMT. FOR PERSONAL NEEDS	(7) NARRATIVE REASONS, EXPLANATION, REMARKS
	AWD	CHG	DISC	DEN	SAME						
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STATE USE ONLY		
Record number	Sheet No.	Sheets
	of	

Page No.	Pages
	of

COUNTY OFFICE OF FAMILY AND CHILDREN	
I recommend the approval of the actions, amounts and effective dates on the cases listed below on pages numbered _____ thru _____ inclusive.	
Signature of Director	Date signed (mo., day, yr.)

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